IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant rancischelli et al

Examiner: Rollins, Rosiland Stacie

Serial No.: 10/752,135

Group Art Unit: 3739

Filing Date: 01/06/2004

Docket No.: P-8922.06

Title: SYSTEM FOR ASSESSING TRANSMURALITY OF ABLATION LESIONS

Signature

Jo L. Brecht

Printed Name

PETITION FOR EXTENSION OF TIME

Commissioner for Patents U.S. Patent and Trademark Office Alexandria, VA 22313-1450

11/ci/cus6 muzuHES busubac9 132546

10752135

02 FU:1253

lock. Se Da

Dear Sir:

Applicant respectfully petitions the Commissioner for Patents to extend the time for response to the Office Action dated November 1, 2006 for three (3) months from August 5, 2006 to November 5, 2006. Please charge the fee provided in:

\sqcup :	37 C.F.R.	. 1.17(a)(1)	Extension for re	sponse within	first month
------------	-----------	--------------	------------------	---------------	-------------

- 37 C.F.R. 1.17(a)(2) Extension for response within second month
- 37 C.F.R. 1.17(a)(3) Extension for response within third month
- 37 C.F.R. 1.17(a)(4) Extension for response within fourth month

twent date: 02/02/2007 CKHLOK /2006 MBIZUNES 00000029 132546 107

10752135

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 2107 2 Serial/Patent # 10752135							
3 Ple	ase refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT			
	Filing			\$			
/	Amendment			\$			
7	Extension of Time		11/20/04	\$ 1020.00			
	Notice of Appeal/Appeal		, ,	\$			
	Petition			\$			
	Issue			\$			
	Cert of Correction/Terminal Disc.			\$			
	Maintenance			\$			
	Assignment			\$			
	Other			\$			
		7 TOTAL AMOUNT S 1020.00					
		8 TO BE 1	8 TO BE REFUNDED BY:				
10 RE	ASON:	/ т	/ Treasury Check				
	Overpayment	√ c	redit Dep	osit A/C #:			
/	Duplicate Payment	9	132	544			
$\overline{}$	No Fee Due (Explanation):						
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Llana Walsh TITLE: Lots. Examiner							
SIGNATURE:							
office:							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: KWW DATE: 2/2/01							
<u> </u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B